

Court:	
Are you trying to change an Order of Protection that is in effect right now?	
If yes, please enter the case number of the Order of Protection you are trying to modify. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

WHO ARE YOU? (You will be known as the Plaintiff in this case)	
Name: _____ Date of Birth: ____/____/____	
<i>first last</i>	
The court needs your contact information, so please complete the information below. If the person you need protection from (the defendant) does NOT know where you live, the court can hide your address so the defendant will not see it in your Order of Protection paperwork.	
Does the person you need protection from know where you live? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WHERE DO YOU LIVE?	
Street Address: _____	
<i>Suite/Apartment #</i>	
_____	Arizona
<i>city</i>	<i>ZIP code</i>
Is this your residence, or the place where the court can contact you (friend's house, shelter, etc)?	
<input type="checkbox"/> Residence <input type="checkbox"/> Contact	
Would you like the court to hide this address so the defendant will not see it in your Order of Protection paperwork? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home phone: _____	Work phone: _____
<i>area code number</i>	<i>area code number</i>
Cell phone: _____	Message phone: _____
<i>area code number</i>	<i>area code number</i>
Email: _____	

WHO DO YOU NEED THE COURT TO KEEP AWAY FROM YOU? (The Defendant)	
Please enter the following information on the person you need to be protected from (the Defendant). Enter as much information as you can on the person you need protection from because that will help law enforcement protect you better if you are granted an Order of Protection.	
Name: _____	
<i>first Middle last</i>	
Street Address: _____	
<i>suite/apartment #</i>	
_____	Arizona
<i>city</i>	<i>ZIP code</i>
Phone: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: _____
<i>area code number</i>	
Date of Birth: ____/____/____ Height: feet ____ inches ____ Weight: ____ Eyes: ____ Hair: ____	
Social Security#: ____ - ____ - ____ Driver's License#: ____ State: ____ Exp Date: ____	
Does the defendant use any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please provide defendant's other name: _____	
Is the defendant currently a member of the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the defendant currently a member of law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List facts below:

WHY DO YOU NEED THIS PERSON TO STAY AWAY FROM YOU?

The court may issue an Order of Protection if the defendant has already committed, or may commit an act of domestic violence against you or your minor child. Describe only acts of domestic violence, which have occurred within the past year. If the defendant was in jail or prison, you may describe what occurred immediately before they were placed in custody. You may also describe acts you believe the defendant might commit, including whether you fear bodily injury or death. Be as specific as possible, giving the date of each act of violence by the defendant:

Date: ____/____/____ **OR** ☐ I think the following may happen:

Briefly describe what happened / or may happen:

[illegible]

Add additional acts of domestic violence **OR** acts you believe the defendant might commit:

Date: ____ / ____ / ____ **OR** ☐ I think the following may happen:

Briefly describe what happened / or may happen:

[illegible]

Add additional acts of domestic violence or acts you believe the defendant might commit:

Date: ____ / ____ / ____ **OR** ☐ I think the following may happen:

Briefly describe what happened / or may happen:

[illegible]

WHAT DO YOU WANT THE COURT TO ORDER?

I ask the Court to order the Defendant not to commit an act of domestic violence against me and/or persons named later in this request and/or against my property **AND** make the following Order(s) (check which Orders you want):

- ☐ Order the defendant not to possess and/or purchase firearms and/or ammunition.
- ☐ Order the defendant to surrender firearms and/or ammunition.
- ☐ Order the defendant to participate in domestic violence counseling or other counseling.

The Defendant may **only** contact me: ☐ by phone ☐ in writing ☐ electronically

☐ And/ or by other means described below:

WHO ELSE NEEDS TO BE PROTECTED FROM THIS DEFENDANT?

Does anyone else need to be protected from this defendant?

☐ Yes ☐ No

The following person(s) should be included within the protection of this Order for the following reasons:

Include name and address if different than yours (do not include yourself). **If you do not want the defendant to know this person's address, check the ☒ Protect address checkbox.**

Name:	<div><div><div></div><div>first</div><div></div></div><div><div></div><div>last</div><div></div></div></div>	<div><div></div><div></div><div></div></div> <div>date of birth</div>
Street Address:	<div><div><div></div><div>City</div><div></div></div><div>Arizona</div><div><div></div><div>ZIP Code</div><div></div></div></div>	<div><div></div><div></div><div></div></div> <div>Suite/Apartment #</div>
Relationship to you:	<div></div>	<div><input type="checkbox"/> Protect address</div>
Name:	<div><div><div></div><div>first</div><div></div></div><div><div></div><div>last</div><div></div></div></div>	<div><div></div><div></div><div></div></div> <div>date of birth</div>
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Relationship to you:	<div></div>	<div><input type="checkbox"/> Protect address</div>

WHAT PLACES SHOULD THE DEFENDANT STAY AWAY FROM?

Do you want the court to order that the defendant stay away from where you live?

☐ Yes ☐ No

Do you want the court to order that the defendant stay away from where you work?

☐ Yes ☐ No

Workplace Name:

Street Address:

Suite/Apartment #

Arizona

City

Zip Code

Does the defendant also work there?

☐ Yes ☐ No

Does the defendant know where you work?

☐ Yes ☐ No

Would you like the court to **hide** your work address so the defendant will not see it in your Order of protection paperwork?

☐ Yes ☐ No

Do you want the court to order that the defendant stay away from the school where you or your child attend?

☐ Yes ☐ No

School Name:

Street Address:

Suite/Apartment #

Arizona

City

Zip Code

Would you like the court to **hide** the address of this school so the defendant will not see it in your Order of protection paperwork?

☐ Yes ☐ No

Do you want the court to order that the defendant stay away from any additional locations?

☐ Yes ☐ No

Description:

Street Address:

Suite/Apartment #

Arizona

City

Zip Code

Would you like the court to **hide** the address of this location so the defendant will not see it in your Order of protection paperwork?

☐ Yes ☐ No

If you and the defendant are living together, are you asking the court to order the defendant not to return to a home that the two of you share?

☐ Yes ☐ No

DO YOU HAVE ANY ADDITIONAL REQUESTS?

☐ Yes ☐ No

Additional Requests:

[illegible]